

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E667		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2011	
NAME OF PROVIDER OR SUPPLIER LYNHURST HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 5225 W MORRIS ST INDIANAPOLIS, IN46241			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/21/11</p> <p>Facility Number: 000385 Provider Number: 15E667 AIM Number: 100291340</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lynhurst Healthcare was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility constructed in two sections is fully sprinklered. The oldest section, a former two story private residence with a basement and the newer section, a one story addition were both determined to be of Type V (000) construction. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. The facility has a</p>			K0000	<p>Preparation and execution of this plan of correction does not constitute an admission to or an agreement by the provider with the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. Lynhurst Healthcare maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Lynhurst Healthcare asserts that it is and was in substantial compliance with the regulations governing the operation of long term care facilities; that this Plan of Correction in its entirety, constitutes this provider's allegation of compliance. Completion dates are provided for procedural processing purposes to comply with federal and state regulations and to correlate with the most recent contemplated or accomplished corrective action. These do not necessarily chronologically correspond to the date that Lynhurst Healthcare is under the opinion that it was in participation or that corrective</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/31/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>capacity of 50 and had a census of 36 at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/22/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				<p>action was necessary.</p>		

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K0143 SS=E	<p>Based on observation and interview, the facility failed to ensure 1 of 1 areas used for the transferring of oxygen was separated from any portion of a facility wherein residents are housed, examined, or treated by a fire barrier of 1 hour fire resistive construction. This deficient practice could affect all residents, staff and visitors in the vicinity of resident Room 17.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 10:30 a.m. to 11:50 a.m. on 03/21/11, Room 17 had one stationary liquid oxygen storage canister in a resident room with a nonrated door and with a nonrated ceiling and walls. The stationary liquid oxygen storage canister was audibly venting oxygen. Based on interview with the LPN Day Nurse at the time of observation, the LPN Day Nurse stated the resident had a clinical need to utilize the stationary liquid oxygen storage canister in the resident room but now has been discharged to a hospital. The Maintenance Supervisor acknowledged the liquid oxygen canister used for Room 17 is in a resident sleeping room with a nonrated door, ceiling and walls.</p>			K0143	<p>The "C41" sationary oxygen unit was being used by a resident in lieu of a high flow concentrator; as the high flow concentrator was not available. The resident using this particular means of oxygen delivery had returned from the hospital several days prior and this resident "bottomed out" requiring immediately, eight litres of oxygen. RCS was already in the process of ordering new high flow oxygen concentrators for our facility. When the survey team member entered our facility, this same resident had returned to the hospital that morning and had been out of the room for approximately two hours. At no time was this unit utilized for the transferring of oxygen. (Transferring Liquid Oxygen From One Container To Another: NFPA 99, Sec. 8-6.2.5.2 addresses the transferring liquid oxygen from one container to another) After several phone calls and conversations with RCS, the facility's oxygen provider; prior to placing this oxygen tank inside the facility, the facility was assured that this stationary liquid oxygen unit was safe to be used inside the building. (see attached documents). The following is a paragraph regarding liquid oxygen containers: "At the heart of this patented system is the O2 tank which allows you to store 160 gallons of pure liquid oxgen right on your premises. It</p>		03/22/2011

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	3.1-19(b)				guarantees you'll have oxygen available at all times, so you'll no longer be faced with delays in admissions—even for high acuity patients."This oxygen container was removed from inside the facility immediately once the survey team member identified it as a problem.RCS has been contacted and although they maintain that the use of this type of oxygen container in side the facility was non-hazardous, this type of oxygen delivery system will no longer be utilized in our facility. The facility will be provided with a high flow oxygen concentrator for future use.		